## To: WIser Choice Provider Network

As you may be aware, Wisconsin and Milwaukee County applied for the second round of funding for the Federal Access To Recovery (ATR) grant. The ATR grant, along with other funding sources, comprise the total amount of money available for treatment and ancillary services in the Alcohol And Other Drug Abuse (AODA) voucher system in Milwaukee County, commonly referred to as WIser Choice.

We were officially notified on October 1, 2007 that we received another 3-year ATR grant, in the amount of \$4.83 million per year. We expect to begin enrolling clients in the WIser Choice system on November 5, 2007 due to the availability of these new ATR funds. This amount is less than we had applied for (yet we received the highest ATR award nationally), and almost \$2.5 million less per year than the first ATR grant. There are also different conditions between the two grants, most notably the data collection requirement known as GPRA (Government Performance Results Act).

In the first ATR grant, we had a start up period of approximately 10 months, in which funds were not expended on clinical/ancillary services. We were able to carry over all of these funds from Year 1 of the grant to Year 2 of the grant, in addition to the Year 2 funding. This almost doubled the amount of ATR funds available in Year 2 of the grant (in addition to other funding sources), which was in calendar year 2006. 2006 experienced an inordinate number of people being served in WIser Choice, and continued into the first couple of months in 2007. In the spring of 2007, BHD instituted a ramp down of the system as funds for Years 1 and 2 of the first ATR grant were exhausted, and Year 3 funds could not sustain the number of people receiving services through the end of 2007.

In the current round of ATR funding, this same phenomenon will not reoccur because the system infrastructure is already established, negating an internal start up period. As a result, the Behavioral Health Division (BHD) will be instituting a 'cap' on the system to manage funds beginning November 5. Based on our projections given the amount of available funds and requirements of the ATR grant, we will have caps at each level of care, including Central Intake Unit (CIU) screens entering the system, Recovery Support Coordination (RSC) (a further change between ATR grants is that not every client will receive an RSC), Residential treatment, Recovery House, Day Treatment and Outpatient.

The system cap for all the services identified above will be managed through the BHD Management Information System (MIS). Each level of care will have a ceiling for the maximum number of people open in a particular level of care, as shown in the BHD MIS. For example, the

potential cap for open cases in an Outpatient level of care at any point in time is 425. The BHD MIS would be queried to identify all open cases at every outpatient provider to determine how many future cases could be opened to reach the cap of 425. If an outpatient provider has a client on their caseload report who is no longer receiving services funded through WIser Choice, then the MIS will continue to show the client as occupying one of the outpatient 'slots' until the discharge paperwork is received from the outpatient provider, thus removing the client from the 'slot' and allowing the next person to be admitted to outpatient services. Failure to report discharge information to BHD in a timely manner will delay access to treatment for clients determined to need an outpatient level of care, in addition to preventing the outpatient provider network from generating revenue for open, active cases. This example holds true for all other services identified above as well (i.e. Day Treatment, RSC, etc.), and will govern the waitlist process.

BHD has contacted each agency to 'clean up' their respective Provider Utilization Report, which lists all the open clients assigned to that particular agency. We have requested discharge/clarifying information for every client that has not received services for 30 days or more funded by WIser Choice. Clients admitted to the system on or after November 5 will not be referred to agencies that continue to have outliers on their respective Provider Utilization Report, nor will BHD send out the 2008 Fee-for-Service Agreement to said providers, consequently jeopardizing the provider's ability to participate in the WIser Choice network next year.

Additionally, the CIUs will eventually be coordinating benefits for clients who present for an AODA screen and are confirmed to be enrolled in Medicaid. Such clients will be referred to WIser Choice providers that have identified themselves as Medicaid providers. The providers will be required to seek prior authorization from Medicaid and bill Medicaid for covered services (outpatient and day treatment services), per established Medicaid / Medicaid HMO guidelines. WIser Choice may fund those services not covered by Medicaid, such as RSC, residential and ancillary services, for Medicaid recipients enrolled in WIser Choice. A Zoomerang survey was sent to each clinical provider via email on October 29 requesting updated Medicaid provider information. Please update the information if you wish to receive Medicaid referrals.

Finally, as part of the current ATR grant, we are required to collect GPRA information on each client enrolled in the system. The ATR grant has attached funding for Year 3 of the grant to an 80% compliance rate for collecting and reporting 6-month follow-up GPRA information. ATR grantees that fail to achieve this 80% compliance rate will have a reduction in funding in Year 3 of the grant. While the RSCs and Data Collection Specialists (DCS) will be collecting this information, they must have the cooperation from each provider in maintaining contact with clients in the system and locating clients that have exited the system. Failure to cooperate with the RSC/DCS in providing information may result in reduced amount of funds available in Year 3, and a corresponding reduction in the system capacity.

Please contact Janet Fleege, WIser Choice Coordinator, at <u>jfleege@milwcnty.com</u> if you need further information. Your anticipated cooperation is appreciated.

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